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Dov Rosenfeld 5507 College Avenue, Suite 2 Oakland, CA 94618, USA Phone: (510)547-3378; Fax: (510)291-2985

dov@inventek.com

OFFICIAL

Patent Application Ser. No.: 10/722,993

Ref./Docket No: CISCO-7235

Applicant(s): Hong

Examiner .:

Filing Date: November 26, 2003

Art Unit: 2667

FAX COVER PAGE

TO:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

United States Patent and Trademark Office

(Examiner, Art Unit 2667)

Fax No.:

703-872-9306

DATE:

March 16, 2004

FROM:

Dov Rosenfeld, Reg. No. 38687

RE:

Preliminary amendment and Request for Refund

Number of pages including cover:

<u>22.</u>

OFFICIAL COMMUNICATION

PLEASE URGENTLY DELIVER A COPY OF THIS AMENDMENT TO THE EXAMINER OF RECORD FOR THIS APPLICATION, ART UNIT 2667

I hereby certify that this response is being facsimile transmitted to the United States Patent and Trademark Office at
telephone number 703-872-9306 addressed the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
OR .

Date:

Marun 16, 2004

Name: Amy Drug

Signature

TRANSMITTAL			Application Number	10/722,993		
FOR	M				,	
(to be used for all correspond	dence after initial filing	9)				
(ID DE DEC 101 EN CONOSPONDO UNO MINUS IMME)			Filing Date	26 Nov 2003		
	•		First Named Inventor	Hong, Jay Wu 2667		
			Group Art Unit			
			Examiner Name			
			Attomey Docket Number	CISCO	D-7235	
ENCLOSURES (check all that a	apply)			<u> </u>		
Fee Transmittal Form			signment Papers or an Application)		After Allowance Communication to Group	
Fee Att	ached ·	•	rawing(s)		Appeal Communication to Board of Appeals and Interferences	
Preliminary Amendment	Prefirminary Amendment		censing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Fi	nal	☐ Pe	etition Routing Slip (PTO/SB/69) and Accompanying Petition		Proprietary Information	
Affidavi	ts/declaration(s)		Convert a ovisional Application		Status Letter	
Extension of Time Request			ower of Attorney, Revocation nange of Correspondence ddress	X	Additional Enclosure(s) (please identify below):	
Express Abandonment Request			erminal Disclaimer	X	Deposit Account Statement for December 2003	
Information Disclosure Statement		☐ Sr	mall Entity Statement			
Certified Copy of Priority Document(s)		X Re	equest of Refund			
Response to Missing Parts Application	/ Incomplete	Remarks	6			
П	!					
Response to Missing CFR 1.52 or 1.53	Parts under 37					
SIGNATURE OF APPLICANT, A	TTORNEY, OR AC	ENT/ CO	RRESPONDENCE ADDRESS			
Firm or	Dov Rosenfeld, R	eg. No. 38	3687			
Individual name	111				- u-u-u-u-u-u-u-u-u-u-u-u-u-u-u-u-u-u-u	
Signature						
Date	Marin 16, 2004					
ADDRESS FOR CORRESPOND						
m Dov Rosenfeld						
or 5507 College Avenue, Suite 2			•			
Individual name	Oakland, CA 946	18, Tel: +1	1-510-547-3378			
CERTIFICATE OF FACSIMILE T	RANSMISSION					
I hereby certify that this correspo		csimile tra	nsmitted with the United States	s Paten	t and Trademark Office at	
Telephone number 703-872-9309 22313-1450 on this date:	=					
Type or printed name	Amy Drury				· · · · · · · · · · · · · · · · · · ·	

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OFFICIAL

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hong

Application No.: 10/722,993

Our Ref./Docket No: CISCO-7235

Filed: November 26, 2003

Title: METHOD AND APPARATUS FOR AUTOMATICALLY CONFIGURING DEVICES ON A WIRELESS NETWORK Group Art Unit: 2667

Examiner:

TRANSMITTAL: PRELIMINARY AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Commissioner	:
Transmitted herewit	h is a preliminary amendment for the above referenced application.
	: y status. If a claim for such status has not earlier been made, consider m for small entity status.
X No additiona	d fee is required.

Certificate of Facsimile Transmission under 37 CFR 1.8

I hereby certify that this response is being facsimile transmitted to the United States Patent and Trademark Office at telephone number 703-872-9306 addressed the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on.

Date: Mar. 16, 7004

Name: Amy Drury

S/N 10/722,993

Page 2

CISCO-7235

The fee has been calculated as shown below:

		CI	AIMS AS AMEN	DED		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE (REFUND)
TOTAL CLAIMS	56	MINUS	56	0	\$18	\$ 0.00
INDEP. CLAIMS	7	MINUS	9	-2	\$86	-\$172
Т	OTAL ADDITION	ONAL FI	EE DUE/RFUND R	REQUESTED (if	negative):	-\$172

X A Request for Refund is Attached.
X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.
Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of
one months (\$110) two months (\$420)
two months (\$950) four months (\$1480)
If an additional extension of time is required, please consider this as a petition therefor.
A credit card payment form for the required fee(s) is attached.
X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):
X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.
X Any missing extension or petition fees required under 37 CFR 1.17.
Respectfully Submitted,
Mar. 16, 2004 Dov Rosenfeld, Reg. No. 38687

Address for correspondence:
Dov Rosenfeld
5507 College Avenue, Suite 2,
Oakland, CA 94618
Tel. +1-510-547-3378; Fax: +1-413-638-1280

Our Ref./Docket No: CISCO-7235

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hong

Application No.: 10/722,993

Filed: November 26, 2003

Title: METHOD AND APPARATUS FOR **AUTOMATICALLY CONFIGURING** DEVICES ON A WIRELESS NETWORK

Group Art Unit: 2667

Examiner:

REQUEST FOR REFUND UNDER 37 CFR 1.26

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Commissioner:

Applicants have paid in excess of the required fee for claims for the above referenced patent application. In particular, there are now 7 independent claims, and applicants have previously paid for 9 claims as follows: 7 claims were paid for with the original application, and two additional claims were charged to the undersigned's Deposit Account No. 50-0292 on Dec. 3, 2003.

The undersigned respectfully requests a refund of \$172 for the two independent claims paid for in excess of the seven independent claims in the application (as amended).

X The Commissioner is hereby requested and authorized to credit any overpayment to Deposit Account No. 50-0292

(A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

Respectfully Submitted,

Mar. 16, 2004

Dov Rosenfeld, Reg. No. 38687

Address for correspondence:

Dov Rosenfeld

5507 College Avenue, Suite 2,

Oakland, CA 94618

Tel. +1-510-547-3378; Fax: +1-413-638-1280; Email: dov@inventek.com

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Date: Mar. 16,2004

Name: Amy Drury





Deposit Account Statement

Requested Statement Month:

Deposit Account Number:

Name:

Attention:

Address:

City:

State:

Zip:

December 2003

500292

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DOV ROSENFELD

5507 COLLEGE AVENUE, SUITE 2

OAKLAND

CA

94618

DATE SEQ POSTING

ATTORNEY DOCKET NBR

FEE CODE

AMT

BAL

12/01 420 10453341 (12/03 158 10722993

12/04 17

8021 CISCO-7235 1201 8021

\$40.00 \$172.00 \$1,977.00 -\$40.00

\$2,017.00 -\$1,000.00 \$3,017.00

\$2,149.00

10453341 **E-REPLENISHMENT** 12/15 28

9203

SUM OF **END**

START BALANCE \$2,189.00

SUM OF **CHARGES** \$212.00

REPLENISH BALANCE \$1,040.00

\$3,017.00

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